

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000011033

FILED  
Oct 08, 2004  
Secretary of State

Entity Name: TROPICAL PRINTING, LLC

**Current Principal Place of Business:**

2147 PORTER LAKE DR.  
SUITE D  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

2147 PORTER LAKE DR.  
SUITE D  
SARASOTA, FL 34240

**New Mailing Address:**

FEI Number: 80-0048032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REUTHER, STEVEN A  
8516 EAGLE PRESERVE WAY  
SARASOTA, FL 34241 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: REUTHER, STEVEN A  
Address: 8516 EAGLE PRESERVE WAY  
City-St-Zip: SARASOTA, FL 34241

Title: V ( ) Delete  
Name: MAURO, SAMUEL  
Address: 9481 HIGHLAND OAK DR. #708  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REUTHER, STEVEN A  
Address: 8516 EAGLE PRESERVE WAY  
City-St-Zip: SARASOTA, FL 34241

Title: MGR (X) Change ( ) Addition  
Name: MAURO, SAMUEL  
Address: 9481 HIGHLAND OAK DR. #708  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN REUTHER

MGR

10/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date